

**PATIENT'S COMPANION AS AN AUTHORISED REPRESENTATIVE**

You are signing the documents required for the examination as an authorised representative.

Please complete the following form, so that we can identify you.

<b>PATIENT TO BE REPRESENTED</b>	
_____	_____
Surname, first name	Date of birth
<b>AUTHORISED REPRESENTATIVE</b>	
_____	_____
Surname, first name	Date of birth
_____	_____
Street and house number	Post code, city
_____	
Telephone number	
I represent the aforementioned person as:	
<input type="checkbox"/> a custodian	<input type="checkbox"/> a legal guardian*
<input type="checkbox"/> an authorised representative**	<input type="checkbox"/> _____

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature of authorised representative\*\*\*

As the sole signatory, a custodian (e.g. parent) confirms that he/she is entitled to sole custody of the patient or that he/she is acting in agreement with the other custodian.

\* The order for legal guardianship is attached.  
 \*\* The written power of attorney is attached.  
 \*\*\* As the sole signatory, a custodian (e.g. parent) confirms that he/she is entitled to sole custody of the patient or that he/she is acting in agreement with the other custodian.